

1 PATIENT **2 PRESCRIBER** **3 ORDER INFO**

PATIENT NAME _____

ADDRESS _____

D.O.B. D / M / Y SEX M / F WEIGHT _____

FOOTWEAR TYPE _____ SHOE SIZE _____

PRESCRIBER _____

ADDRESS _____

PHONE _____

EMAIL _____

DATE D / M / Y

WO # _____

RUSH

POST TO PATIENT

REPEAT ORDER # _____

DUPLICATE (no change)

CHANGE (as marked)

4 DEVICE TYPE (select only one device)

FUNCTIONAL

- STANDARD
- DIRECT MILLED (Polypro & Delrin)

DRESS

- WOMENS _____ cm heeled shoes
 - Standard Slimline
 - Low Heel Cup Slimline
 - Flat Heel Cup
 - Cobra (polypropylene only)
- MENS
- DIRECT MILLED (Polypro & Delrin)

SPORT

- STANDARD
- DIRECT MILLED (Polypro & Delrin)
- LOW PROFILE
- IMPACT
 - with RF post
 - with dual density RF post
- SOCCER SPORT

MOULDS

- STANDARD
- LOW PROFILE

SPECIALISED

NOTE: Our Diabetic and RA devices can now be ordered using the SPECIALISED DEVICES order form.

- EVA
- UCBL
- ROBERTS WHITMAN
- GAIT PLATE
 - Induce out-toeing
 - Induce in-toeing

7 SPECIAL INSTRUCTIONS



5 OPTIONAL SPECS

SHELL MATERIAL

- Polypropylene 3D Printed
- Performance RX
- Delrin [direct milled]
- TL 2100
- XT Sprint

RIGIDITY

- Rigid
- Semi-rigid
- Semi-flexible

FILL MATERIALS

- Poron
- Cork
- EVA

FOREFOOT EXTENSION

MATERIAL

- Poron 1.5mm 3mm
- Nyplex 1.5mm 3mm
- Cushion Cork 1.5mm 3mm
- Puff 1.5mm 3mm

LENGTH

- sulcus toes

TOP COVER SELECTION

MATERIAL

- Vinyl
- Leather
- Microsuede
- WSL Carbon
- Neoprene
- Plastazote 1.5mm 3mm
- Puff 1.5mm 3mm
- Bamboolon 1.5mm 3mm

COMBINE MATERIAL WITH

- Poron 1.5mm 3mm

LENGTH

- mets sulcus toes

BOTTOM COVER SELECTION

MATERIAL

- Agoflex
- Vinyl
- Puff 1.5mm
- Nyplex 1.5mm
- Microsuede
- WSL Carbon

6 POSTING, ADDITIONS & MODS

POSTING

POST TO

- Lab evaluation Neutral (as they sit)
- Calcaneal Vertical

REARFOOT

- extrinsic intrinsic L ____ ° VR/VLG R ____ ° VR/VLG

FOREFOOT

- extrinsic intrinsic L ____ ° VR/VLG R ____ ° VR/VLG
- to sulcus to toes

Skive (needs deep heel cup) L ____ mm R ____ mm

Inverted L ____ ° R ____ °

Motion L ____ ° R ____ °

CAST DRESSING

- Skin Type 1 Min Moderate Max

SHELL MODIFICATIONS

L/R Heel Cup Depth

- 14mm 16mm 18mm 20mm 22mm



L/R 1st Met Cut-Out w/ support post



L/R 1st Ray Cut-Out



L/R 5th Ray Cut-Out

L/R Rigid 1st Extension sulcus toes

L/R Medial Flange standard 50%

L/R Lateral Flange standard 50%

L/R Narrow Shell Grind

L/R Wide Shell Grind

L/R Fascial Accommodation



L/R Heel Spur Accommodation



L/R Heel Hole w/gel plug w/ poron plug

L/R Sweet Spot

ADDITIONS

L/R Heel Lift ____ mm EVA poron loose



L/R Heel Pad 1.5mm 3mm



L/R Morton's Extension



L/R Reverse Morton's Ext. cushion cork poron EVA



L/R Functional Hallux Limitus Accommodation



Lesion Accommodation L [5][4][3][2][1] R [1][2][3][4][5]



L/R Horseshoe Spur



L/R Metatarsal Pad Standard 50%



L/R Metatarsal Bar Standard 50%



L/R Metatarsal Raise



L/R Poron Arch Pad 1.5mm 3mm



L/R Neuroma Pad



L/R Amputation Accommodation Full Partial



L/R Cuboid Pad

